

# PEDIATRIC EMERGENCY MEDICINE EVIDENCE-BASED PATHWAY

## THE IRRITABLE HIP

© BCH Emergency Department

### 1. Perform Complete H&P:

- History:** Include duration/course, fever, trauma, weight bearing, tick exposure, rash, recent viral or strep infection, antibiotic use
- Physical Exam:** Include vital signs, walking status, and exams of the hip, back, GU, neurologic system, abdomen, complete joint exam, skin. (Exit algorithm if alternative dx made or exclusion criteria met)

### 2. Criteria for Labs (any of below):

- Inability to weight bear
- Temp  $\geq 38$ C or fever documented at home
- Clinical concern for septic hip (e.g. ill-appearing, pain with minimal movement/marked pain with movement)

### 3. Criteria for Formal or Bedside Ultrasound ( $\geq 2$ of below):

- WBC  $>12$ k/mcL
- ESR  $>40$  mm/hr
- CRP  $>2$  mg/dL
- Temp  $\geq 38$ C
- Persistent inability to weight bear **OR** high clinical concern (note these two alone are criteria for ultrasound)

### 4. Fluid Concerning for Septic Arthritis (any of below):

- Joint fluid with  $>25,000$  WBC
- Positive gram stain
- Patient highly concerning for septic joint clinically

### 5. Discharge Criteria:

- Nontoxic
- Reliable caretaker
- Able to follow-up and return if needed
- Consider PMD outreach from ED

### Inclusion Criteria:

- Age 6 mo – 18 yrs
- Irritable hip: Pain or limitation of hip with ROM; limp if ambulatory

### Exclusion Criteria:

- Non-acute ( $>1$  week)
- Ill appearing/ hemodynamically unstable
- History of significant trauma
- Neurovascular compromise of extremity
- Major coexisting disease (including SSD, bleeding, disorder, oncologic, rheumatologic, neuromuscular, immunologic, or bony disorder)
- Prior hip surgery
- Other joint swelling/pain
- Pain not localized to hip
- On antibiotics (currently or recently)

